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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <span style="margin-left: 100px;">OR</span> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	56029-54474	
	First Named Inventor	Charles M. Rice	
	COMPLETE IF KNOWN		
	Application Number	10/534,571	
	Filing Date	November 13, 2003	
	Art Unit	Not yet assigned	
		Examiner Name	Not yet assigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Highly Permissive Cell Lines for Hepatitis C Virus RNA Replication*

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 11/13/2003 as United States Application Number or PCT International

Application Number 10/534,571 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

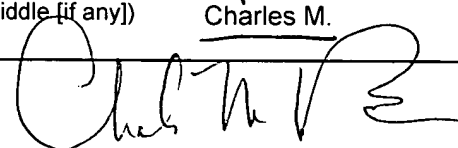
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">21888</span>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Charles P. Romano, Ph.D					
Address Thompson Coburn LLP, One US Bank Plaza					
City St. Louis		State MO		ZIP 63101	
Country USA		Telephone 314-552-6255		Fax 314-552-7255	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Charles M.</u>			Family Name or Surname <u>Rice III</u>		
Inventor's Signature 					Date <u>9/30/05</u>
Residence: City <u>NY</u>		State New York		Country U.S.	
Citizenship U.S.					
Mailing Address 1161 York Avenue, Apartment 12F					
City New York		State New York		ZIP 10021	
Country U.S.					
NAME OF SECOND INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Keril J.</u>			Family Name or Surname <u>Blight</u>		
Inventor's Signature					Date
Residence: City St. Louis		State Missouri		Country U.S.	
Citizenship Australia					
Mailing Address 15045 River Valley Drive					
City St. Louis		State Missouri		ZIP 63146	
Country U.S.					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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☐ is attached hereto**OR**☒ was filed on (MM/DD/YYYY) 11/13/2003 as United States Application Number or PCT InternationalApplication Number 10/534,571 and was amended on (MM/DD/YYYY)  (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.** 3187833

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number **21888** OR ☒ Correspondence address belowName **Charles P. Romano, Ph.D**Address **Thompson Coburn LLP, One US Bank Plaza**City **St. Louis** State **MO** ZIP **63101**Country **USA** Telephone **314-552-6255** Fax **314-552-7255**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**☐ A petition has been filed for this unsigned inventor.Given Name  
(first and middle [if any]) **Charles M.**Family Name  
or Surname **Rice III**Inventor's  
Signature

Date

Residence: City **New York** State **New York** Country **U.S.** Citizenship **U.S.**Mailing Address  
**1161 York Avenue, Apartment 12F**City **New York** State **New York** ZIP **10021** Country **U.S.****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) **Keril L.**Family Name  
or Surname **Blight**Inventor's  
Signature **KJBlight**

Date

**9/22/05**Residence: City **St. Louis** State **Missouri** Country **U.S.** Citizenship **Australia**Mailing Address  
**15045 River Valley Drive**City **St. Louis** State **Missouri** ZIP **63146** Country **U.S.**☐ Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.